Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No	**: 924309288074962**
Received from	: KAM PHARMACY
Amount	: 200,000.00
Amount in Words	: Two Hundred Thousand TZS And Zero Cent(s) Only
Outstanding Balance	: 0.00

In respect of	**Item Description(s)**	**Item Amount**
: *142202540104 - Application for change of name/ ownership - CHANGE OF NAME AND OWNERSHIP*	**200,000.00**	
	Total Billed Amount :	**200,000.00 (TZS)**

Bill Reference	: 16215306244835112634
Payment Control Number	**: *991620279289***
Payment Date	**: 2024-11-04 11:55:16**
Issued by	: Zena Mango
Date Issued	: 2024-11-04 12:14:41
Signature	: .....

PHARMACY COUNCIL

~~9916202783 75~~
9916202792 89

Alipia 200,000/=
Alteration
PCF.14
15/10/2024

PHARMACY COUNCIL

APPLICATION FOR ALTERATION
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☑
3. BUSINESS OWNERSHIP ☑

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: KAM PHARMACY FIN: D100456

TYPE OF BUSINESS: Retail Pharmacy ☑ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 16, Block 284 Street: Malanga Ward: Mwanayamala

District/Municipal: KINONDONI Region: DAR ES SALAAM

POSTAL ADDRESS: P.Box 65158 Contact. No: 0686888746, 0713615666

E-mail: musikatz@yahoo.com

OWNERSHIP:

Directors (Names): 1. DR K.M MUSIKA Qualification: DIRECTOR

2. ..... Qualification: .....

3. ..... Qualification: .....

SUPERINTENDANT INFORMATION:

Full Name: ABDUL JUMA PIN: 0102333

Residential Address: GMBOTO DSM Tel: 0744910599 Email: Jumaabdul623@gmail.com

Contract commencement date: 1st/06/2024 Cessation date: 21st/5/2025

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: NGABEL PHARMACY

TYPE OF BUSINESS: Retail Pharmacy ☑ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. 16 Block 284 Street: Malanga Ward: Mwanayamala

District/Municipal: KINONDONI Region: DAR ES SALAAM

POSTAL ADDRESS: ..... CONTACT. No: 0686888746

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. GODBLESS AKEMBE Qualification: DIRECTOR BUSINESS
2. ..... Qualification: .....
3. ..... Qualification: .....

akembegodbless@gmail.com 0686888746

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: ..... PIN: .....

Residential Address: ..... Tel: ..... Email: .....

Contract commencement date: ..... Cessation date .....

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. Alteration due to current business plan
2. To have a new brand of the business

SECTION D: APPLICANT INFORMATION

Name of Applicant: DR KAMDORE MUSIKA

(Contact/email if different from the above)

Address: box 65158 Dsm Tel: 0713 615663 E-mail: musikatz@yahoo.com

Signature of Applicant: Musika Date: 10/10/2024

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: Musika Date 10/10/2024

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENC

No. 586932

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **NGABEL PHARMACY** this **15th** day of **OCTOBER** year **2024** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **586932** in the Index of Registration.

GIVEN under my hand at Dar es Salaam this **15th** day of **OCTOBER TWO THOUSAND AND TWENTY FOUR**.

REGISTRAR OF BUSINESS NAMES ★TANZANIA★

Deputy Registrar Business Names

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 101-372-650
ILALA MUNICIPAL COUNCIL
MISSION STREET
20950
DAR ES SALAAM

Tax Certificate Number: **121-0194-3522**

Issuing Office: Ilala
Telephone: 022-2863190
Date of issue: 22 February 2024
Expiry Date: 31 December 2024

Taxpayer Name	KAM DAR ES SALAM PHARMACY LTD		
Trading Name	KAM MUSIKA HOSPITAL		
Taxpayer Identification Number	104-213-944	Vat Registration Number	
Company Registration Number	48694		

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : ILALA,
STREET : MUHIMBILI HOSPITAL

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

1	Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores

Alfred T. Mregi
COMMISSIONER FOR DOMESTIC REVENUE
23 February 2024

Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.